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# PALATO-PHARYNGEAL TUMOUR.



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PHARYNGEAL growths are comparatively of rare occurrence. When they do occur, however, they are extremely annoying to the possessor, and must prove fatal ultimately by interfering with respiration and deglutition. Their removal is always attended with danger. Situated in a highly vascular region, the hemorrhage attending their extirpation is profuse, and the surgeon meets with great difficulty in arresting it, from inability to find and ligate the bleeding vessels. Anæsthetics cannot be administered with safety. Thus the operator is subjected to the additional annoyance of a consciousness of his patient's sufferings.

But few cases of pharyngeal tumours are reported. The most interesting is that of Skeys (see *Lancet*, 1857, vol. i. p. 242), and approaches nearer in character to the one in question than any recorded.

Some nine years ago I was requested by Prof. Robert Reyburn to see Captain B., aged 29. The captain's history was excellent; he had never suffered from constitutional disease of any description, was physically well developed, and presented a specimen of perfect health. During the late war he served in the army (Federal) as captain of volunteers (infantry), and distinguished himself for valour and endurance in several campaigns. He was wounded three or four times, and at the battle of the "Wilderness" lost his thigh at the upper third by shell-shot. In 1869 he first discovered enlargement in the tonsil gland of the right side; gave but little attention to it at the time. During 1870 part of the growth was removed from the soft palate by Prof. R. Reyburn, it being then quite small in size. The swelling gradually extended to the palate of the same side, affecting his voice without any other inconvenience. Upon examination we found the right tonsil enlarged, with a tumour occupying one-fifth of the hard palate; the palatine swelling was smooth, symmetrical, with the mucous covering apparently thickened; there was also congestion of the surrounding tissues.

The tumour was painless, firm, but slightly resilient on pressure. We came to the conclusion that it was either fibrous or cartilaginous. There was no glandular implication on the cervical or submaxillary regions. He informed us that the tumour had grown slowly; it had not as yet interfered with respiration or deglutition. He sought relief, and expressed a willingness to have it removed, insisting on the administration of ether.

We reluctantly acceded to his wishes. A few inspirations of the anæsthetic satisfied us of the danger attending its administration; it was immediately withdrawn. A second attempt to etherize him was made, but discontinued at the approach of asphyxia. After the removal of a small portion of the tumour the case was abandoned, he refusing to submit to the operation without anæsthetics, which we declined to administer.

Early in December last he placed himself under the charge of Dr. Ralph Walsh of our city, and by that gentleman I was invited to see him. Dr. Reyburn was added to the consultation. At this consultation we found him in a truly deplorable condition. The tumour had extended over three-fourths of the hard palate, the uvula and half arches were forced back and obscured from view, the tongue was depressed, with scarcely space to pass the finger between that organ and the tumour. The corresponding sides of the face and neck were enlarged by the external protrusion of the tumour. The connection of the growth between the palatine and submaxillary region was readily diagnosed; pressure on the palatine aspect increased the fullness in the submaxillary region. His respiration was so embarrassed and stridulous that it was painful to be in his company. The recumbent position was "painful and suffocating." His countenance livid, articulation indistinct, mastication painful, and deglutition difficult. He informed me that within the last month the tumour had increased rapidly; he could almost mark its daily growth. He was despondent, anxious, and apprehensive of the result; he felt a cord daily tightening around his neck, that must eventually suffocate him. His affection was so terrible that life had ceased to be a boon. He was now willing to submit to surgical interference. To insure him every care and attention during his illness, we advised his friends to place him in Providence Hospital, an institution under the supervision of the Sisters of Charity. A consultation of the surgical board of the hospital was held. Professors Ashford, Reyburn, Walsh, and Busey were invited to be present. It was determined at the consultation to operate at an early day. Hoping to give temporary relief, and also for the purpose of exploration, I introduced a small trocar into the palatine tumour on the 26th of December. Nothing escaped from the puncture but a few drops of blood, giving no relief. A question arose as to the proper mode of procedure in the case. Anæsthetics were out of the question, unless tracheotomy was premised and the posterior fauces plugged. The difficulty was solved by the captain offering to submit to the operation without etherization. We hardly hoped to remove the whole mass through the palatine incision, and anticipated a second one in the cervical region. On this point we were agreeably disappointed, as the result shows.

On the 3d of January, 1879, assisted by Prof. J. Ford Thompson, of the hospital staff, Profs. Reyburn, Ashford, and Walsh, a semilunar incision was made on the posterior margin of the hard palate, another was made on its anterior portion, connecting the latter with the first, leaving an ellipse of two inches in width. The circumscribed part was seized with a strong vulsellum, and traction made. The dissection was necessarily slow from frequent interruption by the patient freeing his mouth and throat from blood. An hour elapsed before the cervical portion of the tumour was raised from its bed. The hemorrhage was considerable. No vessels were tied; no hæmostatic used; the bleeding ceased on the completion of the operation; the mass was removed in detached pieces.

Upon superficial examination it appeared to be sarcomatous in character.

A portion of it was preserved for microscopic examination, but by some accident was mislaid. Its slow and painless growth, partially capsulated character, the unimplicated glands in the vicinity of the tumour should encourage us to hope for no further trouble. The result of the operation thus far has been highly gratifying. The captain's articulation is now clear, respiration easy, deglutition unimpaired.

The tumour evidently originated in the tonsil gland, and slowly encroached on the palate, meeting with resistance at this point. It took a downward course in the walls of the pharynx, where it met with less opposition, and finally made its appearance in the more yielding tissues in the submaxillary and cervical regions. An examination of the patient a few days since shows no manifestation of the return of the disease.